

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

317

Primary Registration District No.

500

Registrar's No.

1074-63

FILE NUMBER  
014322

FILED APR 11 1963

1. PLACE OF DEATH  
a. COUNTY

St. Louis

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE b. COUNTY

Illinois

Madison

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN

Normandy

Length of stay in 1b

5 mos 13 days

c. CITY  
OR TOWN

Granite City

Inside Limits

Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

Charles The 1st Nursing

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

2416 Edison Ave.

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED  
(Type or print)

First Home Middle Last

KATHRYN

EVELYN (CECELIA)

NELSON

4. DATE OF DEATH  
Month Day Year

3

28

63

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐  
Widowed ☒ Divorced ☐

8. DATE OF BIRTH

10-2-05

9. AGE (last birthday)

57

IF UNDER 1 YEAR

Months Days

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Switch board supervisor

10b. KIND OF BUSINESS OR INDUSTRY

Hotel

11. BIRTHPLACE (City and state or country)

St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

William Joseph Roche

13b. MOTHER'S MAIDEN NAME

Catherine E. Shannahan

14. NAME OF HUSBAND OR WIFE

Harry H. Nelson

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

Address 2416 Edison

Harry H. Nelson Jr. Granite City, Ill.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Arteriosclerotic Heart Disease

INTERVAL BETWEEN ONSET AND DEATH

approx 8 Mo

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I: (a)

Cerebral Embolus from (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☐

20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour, a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Jan 1 1963 to March 28, 1963 and last saw her alive on March 15, 1963  
Death occurred at 5:50 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

John H. Winter M.D.

22b. ADDRESS

Rm 222 Northland Mid Bldg

22c. DATE SIGNED

3/29/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

REMOVAL

23b. DATE

3-30-63

23c. NAME OF CEMETERY OR CREMATORY

Calvary

23d. LOCATION (City, town, or county)

St. Louis, Missouri

24. FUNERAL DIRECTOR

ADDRESS

John L. Sedlack Granite City, Ill.

25. DATE RECD. BY LOCAL REG.

3-29-63

26. REGISTRAR'S SIGNATURE

John E. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

VS 300  
Rev. 4/59

DATE AMENDED

VS 300

Rev. 4/59

14031

281202

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94200

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1286-0

13

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed \_\_\_\_\_

*John T. Sedlack*

Licensed Embalmer No. 3747

P. O. Address

Madison, Ill.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.